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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/910,412			ing Date 21/2001	☐ To be Mailed		
APPLICATION AS FILED — PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR			JMBER FIL	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A			
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A	, ,		N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A			
	FAL CLAIMS CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x \$ =			
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•		x \$ =			x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each n thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1				
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL			
APPLICATION AS AMENDED — PART II OTHER TH (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN									ER THAN ALL ENTITY				
AMENDMENT	07/28/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	• 17	Minus	** 20	= 0		X \$ =		OR	X \$50=	0 .		
	Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0		x \$ =		OR	X \$210=	0		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	:			
					÷		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	*	Minus	**	=		x \$ =		OR	x \$ =			
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x \$ =		OR	x \$ =			
	Application S	ize Fee (37 CFR 1	.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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